APHIS



PARTNERSHIP IN EDUCATION PROGRAM 2003-2004

PARTICIPATION FORM

FOR HEADQUARTERS PARTNER SCHOOLS

HTTP://WWW.APHIS.USDA.GOV/MB/MRPHR/4630SDSF.HTML#INTRODUCTION

Part $A \sim W$ ho you are and what you have to offer

Pl€	ease print the followin	g information:		
Na	me:		Program:	Unit #:
Occupation:			Phone:	
Spe	ecial Skills You'd Like	to Share:		
Int	erests/Hobbies:			
	Part B ∼ E	XTENT OF YOUR	PARTICIPATION AND	AVAII.ABII.ITY
1.			n as a:Mentor	
2.	I'd like to share a stu	ident with another	employee:	
	A. My APHIS co B Pleas	o-mentor/tutor is: _ e assist me with fin	ding someone with whon	n to share a student.
3.	3. I would like to volunteer at the following school:			
	Hyattsvill Northwes	le Elementary Scho le Middle School (F stern High School (l · I am most needed	IMS)	
4. I am a returning mentor/tutor and would like to return to the s			same school as last year:	
	HES	HMS	NHS	

Э.	As a returning mentor, tutor, I would like to work with the same student(s):
	Student Name(s):
6.	I am a new volunteer who was recruited by Employee Recruiter's Name
7.	I have discussed this with my supervisor and he/she concurs with my participation.
	Supervisor's Signature:
	Supervisor's Name Printed:

For additional information, please contact one of the following Partnership In Education Program Council Members:

Chairperson: Carmen Queen-Hines, MRPBS, 301-734-5579

Members: Dan Dove, WS, 301-734-4861

James Ivy, LPA, 202-690-0040 Ira Johnson, MRPBS, 301-734-6487 Jean Reese, MRPBS, 301-734-8657 Penelope Rhone, PPD, 301-734-4370 Ayanna Smith, CPR, 301-734-3161 Gwendolyn Smith, CREC, 301-734-5584

Please complete this form and return to: Carmen Queen-Hines Unit 21 ~ Suite 2B36 FAX 301-734-5100

